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INVESTIGATIVE SUMMARY

INTERVIEW TRANSCRIPTS AND AUDIOS (COMPACT DISC)

1. Involved Deputy Todd Campbell (IAB Interview)
2. Witness [REDACTED] (Homicide Interview)

EXHIBITS

- A - Riverside County Sheriff's Department, Homicide Case Book, File# L18 065 0009
- B - Additional supporting documentation, photographs, and audio recordings provided by Riverside County Sheriff's Department regarding File# L18 065 0009, and includes the following recorded interviews:
 - Involved Deputy Todd Campbell
 - Witness [REDACTED]
 - Witness [REDACTED]
 - Suspect Jessica Cortez
- C - Map utilized by Deputy Campbell to describe events during his interview with IAB investigators

MISCELLANEOUS DOCUMENTS

Consolidated Criminal History for Suspect Jessica Cortez

Training records for Deputy Todd Campbell

Shooting/Force Administrative Rights Form

California Executive Order N-40-20, Tolling Of Statute Time - Executive Order,
COVID-19 Crisis, Dated March 30, 2020

COUNTY OF LOS ANGELES
SHERIFF'S DEPARTMENT
"A Tradition of Service Since 1850"

DATE: October 22, 2020
FILE NO: 018-00017-3199-057

OFFICE CORRESPONDENCE

FROM:


SCOTT W. GAGE, COMMANDER
SOUTH PATROL DIVISION

TO: TANIA E. PLUNKETT, CAPTAIN
TWIN TOWERS CORRECTIONAL
FACILITY

ATTN: TONYA P. EDWARDS, CAPTAIN
TWIN TOWERS CORRECTIONAL
FACILITY

SUBJECT: EXECUTIVE FORCE REVIEW COMMITTEE FINDINGS

Case Number: SH2450197/FO2512555

Incident: Hit Shooting

Incident Date: March 6, 2018

Unit: Twin Tower Correctional Facility

Suspect: Jessica R. Cortez, FH/021799

Involved Employees: Deputy Todd A. Campbell, # [REDACTED]

EFRC Date: October 8, 2020

The Executive Force Review Committee (EFRC) consisting of Commanders Scott W. Gage, April L. Tardy, and Coronne L. Jacob met and reviewed the above case.

FINDINGS:

The EFRC determined Deputy Campbell's foot pursuit and use of force were within Department policy. However, the panel found Deputy Campbell's tactics to be in violation of the Department Manual of Policy and Procedures.

1. 3-10/050.15, Performance to Standards – Performance Associated with the Use of Force; and/or 3-10/220.00, Use of Firearms Against Vehicles and/or Occupants of Vehicles. The panel found Deputy Campbell failed to perform to the standards

October 22, 2020

established for his rank of deputy sheriff, when engaging three (3) suspects without proper field equipment and/or back-up; vest, radio, gun belt, and less lethal options. Failing to seek appropriate cover upon approaching the suspects. Failing to obtain and/or maintain a position of advantage, when he placed himself and remained in front of an occupied vehicle driven by Suspect Jessica Cortez, resulting in Subject Campbell being struck by the vehicle and firing one round at the suspect.

2. 3-03/210.05, Revolver/Semi-Automatic Pistols (On and Off Duty); and/or 3-01/050.10, Performance to Standard. The Panel found Deputy Campbell failed to perform to the standards established for his rank of deputy sheriff, when discovered that his firearm magazine was not loaded to the manufacturer's specified capacity.
3. 3-03/030.10, Who Shall Wear the Uniform. The Panel found Deputy Campbell failed to perform to the standards established for his rank when he opted to wear his Los Angeles County Sheriff's Department Class B Deputy uniform and jacket on his way to work, and failed to cover up all clothing and/or equipment that identified the Department and/or Subject Campbell as a member of the Department.

RECOMMENDATIONS:

The EFRC Panel recommended Deputy Campbell receive a ten (10) day suspension.

SWG:COR:cor

DISPOSITION WORKSHEET

Re: IAB IV 2518693 / SH2450197 / FO2512555
Subject: Todd Campbell, # [REDACTED]
Investigator: Troy Rodriguez
Advocate: Julia Valdes, Sergeant/Advocate

DISPOSITION OF CHARGES

The following potential charges were prepared by the Advocacy Unit. Please indicate your disposition of the potential charges, and put any additional sustained charges (with reference to the investigation) on attached sheet(s).

Potential Charge(s):

The evidence in this investigation supports the following charges:

1. That in violation of Department Manual of Policy and Procedures Sections 3-01.030.10, Obedience to Laws, Regulations and Orders, [as it pertains to 3-10/050.15, Performance to Standards - Performance Associated with The Use of Force; and/or 3-10/220.00, Use of Firearms Against Vehicles and/or Occupants of Vehicles], on or about March 6, 2018, at approximately 0300 hours, Subject Todd Campbell, while off-duty and in the City of Lake Elsinore, failed to perform to the standards established for his rank of deputy sheriff, when he failed to employ sound tactics and/or strategies when he attempted to contact and/or detain three (3) car burglary suspects, resulting in a deputy-involved shooting/use of force, as evidenced by, but not limited to the following:
 - a. engaging three (3) suspects without proper field equipment and/or back-up; vest, radio, gun belt, less lethal options, etc.; and/or,
 - b. failing to seek/take appropriate cover upon approaching the suspects; and/or,
 - c. failing to obtain and/or maintain a position of advantage, when he placed himself and remained in front of an occupied vehicle driven by Suspect Jessica Cortez, resulting in Subject Campbell being struck by the vehicle and firing one round at the suspect.
2. That in violation of Department Manual of Policy and Procedures Sections 3-01/030.10, Obedience to Laws, Regulations and Orders, [as it pertains to Section 3-03/210.05, Revolver/Semi-Automatic Pistols (On and Off Duty); and/or, 3-01/050.10, Performance to Standards, on or about March 6, 2018, at approximately 0300 hours, while off-duty and in the City of Lake Elsinore, Subject Todd Campbell failed to perform to the standards established for his rank of deputy sheriff, and/or maintain the highest standard of efficiency in carrying out the functions and objectives of the Department, when it was discovered after he was involved in an off-duty deputy-involved shooting, that his firearm (Berretta 92FS Brigadier, semi-automatic pistol #BER [REDACTED]) magazine was not loaded to the manufacturer's specified capacity.

3. That in violation of Department Manual of Policy and Procedures Sections 3-01/030.10, Obedience to Laws, Regulations and Orders, [as it pertains to Section 3-03/030.10, Who Shall Wear Uniforms]; and/or, 3-01/050.10, Performance to Standards, on or about March 6, 2018, at approximately, 0300 hours, while off-duty and preparing to drive to work, Subject Todd Campbell failed to perform to the standards established for his rank of deputy sheriff, and/or maintain the highest standard of efficiency in carrying out the functions and objectives of the Department, when he opted to wear his Los Angeles County Sheriff's Department Class B Deputy uniform And jacket on his way to work, and failed to cover up all clothing and/or equipment that identified the Department and/or Subject Campbell as a member of the Department.

Evidence Reference:

Defenses/Conflicting Evidence:

Disposition:

- ☒ **Charge founded as delineated**
☐ **Charge founded as modified**
☐ **Charge unresolved**
☐ **Charge unfounded**

Discipline Assessment

Review of Applicable Guidelines for discipline Section:

The Department's Guidelines for Discipline (**Revised September 28, 2012**) lists the following

Analogous misconduct with associated disciplinary penalties:

Conduct

Standard Discipline

Determination of Discipline:

Based upon the attached assessment of mitigating and aggravating factors, the following discipline has been determined to be appropriate. This discipline is subject to revision upon receipt of the subject's response of grievance.

- ☐ **Discharge**
- ☐ **Reduction in Rank**
- ☒ **Suspension with loss of pay and benefits for 10 days**
- ☐ **Written Reprimand**
- ☐ **No discipline**

Assessment of Mitigating and Aggravating Factors:

The following describe the mitigating and aggravating factors in the determining the discipline in this investigation. Those factors include:

Intent	Truthfulness
Past Performance	Severity of Infraction
Degree of Culpability	Acceptance of Responsibility
Disciplinary History	Other Factors

Management has considered the subject's performance, which is documented in the Subject's Department personnel file, and those documents not contained in that file which are attached to the disposition worksheet.

Los Angeles County Sheriff's Department

Supervisor's Report on Use of Force

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Incident Information

URN: 018 - 00017 - 3199 - 057		Date: 03/06/18	Time: 0336
Location: McVicker Canyon Park Road/Edgewood Drive	City or Station: Lake Elsinore		
Bureau/Station/Facility: Custody Division/Twin Towers Correctional Facility	Admin. Investigation: <input type="radio"/> YES <input checked="" type="radio"/> NO		
Type of Force: Deputy Involved Shooting, Take-down, Control Holds			
Incident Category: <input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3		Deputy Injury: <input checked="" type="radio"/> YES <input type="radio"/> NO Suspect Injury: <input checked="" type="radio"/> YES <input type="radio"/> NO	
<input type="checkbox"/> Call <input checked="" type="checkbox"/> Observation <input type="checkbox"/> Detail		<input checked="" type="checkbox"/> Foot Pursuit <input type="checkbox"/> Vehicle Pursuit	
IAB Notified: <input checked="" type="radio"/> YES <input type="radio"/> NO Person Notified: Burse		Emp: [REDACTED]	IAB Roll Out: <input checked="" type="radio"/> YES <input type="radio"/> NO

Involved Employee

E 1	Employee # [REDACTED]	Last Name Campbell	First Name Todd	Middle I.	Rank DSG
	Sex: <input checked="" type="radio"/> M <input type="radio"/> F	Race: W	Height: 5'10"	Weight: 200	Age: [REDACTED]
Shift: <input type="radio"/> EM <input type="radio"/> Day <input type="radio"/> PM <input type="radio"/> Regular Shift <input type="radio"/> OT Shift <input checked="" type="radio"/> Off Duty					
Unit of Assignment: Twin Towers Correctional Facility			Work Assignment (Unit #, Module, etc.): LCMC		
Individual Force Used: Firearm, Takedown, Control Holds					Individual Category: <input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3
<input checked="" type="checkbox"/> Injured <input checked="" type="checkbox"/> Treated <input type="checkbox"/> Admitted Facility: Healthworks					Coroner Case #

E	Employee #	Last Name	First Name	Middle I.	Rank
	Sex: <input type="radio"/> M <input type="radio"/> F	Race:	Height:	Weight:	Age:
Shift: <input type="radio"/> EM <input type="radio"/> Day <input type="radio"/> PM <input type="radio"/> Regular Shift <input type="radio"/> OT Shift <input type="radio"/> Off Duty					
Unit of Assignment:			Work Assignment (Unit #, Module, etc.):		
Individual Force Used:					Individual Category: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Facility:					Coroner Case #

E	Employee #	Last Name	First Name	Middle I.	Rank
	Sex: <input type="radio"/> M <input type="radio"/> F	Race:	Height:	Weight:	Age:
Shift: <input type="radio"/> EM <input type="radio"/> Day <input type="radio"/> PM <input type="radio"/> Regular Shift <input type="radio"/> OT Shift <input type="radio"/> Off Duty					
Unit of Assignment:			Work Assignment (Unit #, Module, etc.):		
Individual Force Used:					Individual Category: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Facility:					Coroner Case #

On Duty Supervisor

Emp # [REDACTED]	Last Name Castillo	First Name Armando	Middle I.	Rank Sgt	Present <input checked="" type="radio"/> YES <input type="radio"/> NO	Witness to Incident <input checked="" type="radio"/> YES <input type="radio"/> NO
Supervisor Completing Investigation						
Emp # [REDACTED]	Last Name Rodriguez	First Name Troy	Middle I. W	Rank Sgt	Present <input checked="" type="radio"/> YES <input type="radio"/> NO	Witness to Incident <input checked="" type="radio"/> YES <input type="radio"/> NO
Watch Commander / Supervising Lieutenant						
Emp # [REDACTED]	Last Name Smitson	First Name Eric	Middle I.	Rank Lt		

Watch Commander / Supervising Lieutenant's Signature:		Date: 7-13-20	Copy Provided to Employee by: [REDACTED]	Emp #:
Unit Commander (Print Name): William E. Jaeger		Unit Commander's Signature:		Date:

DISCOVERY Use Only
FO#

☒ PPI REVIEW COMPLETED

Original: Discovery Unit
Copy: Unit Commander

Supervisor's Report on Use of Force

SUSPECT INFORMATION

0 1 8 - 0 0 0 1 7 - 3 1 9 9 - 0 5 7

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Suspect Information

S 1

Last Name Cortez		First Name Jessica		Middle Name		Armed? Select Other	
AKA Last Name		First Name		Middle Name			
Sex: <input type="radio"/> Male <input checked="" type="radio"/> Female	Race: H	Age: 19	Height: 5'03"	Weight: 116	D.O.B: 02/17/99	Phone #1: <input checked="" type="radio"/> H <input type="radio"/> W <input type="radio"/> C	Phone #2: <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C
Street Address: [REDACTED]				City: [REDACTED]		State & Zip Code: [REDACTED]	
Booking #: 201808810		Primary Charge Code: 245(C)		Secondary Charge Code:		<input type="checkbox"/> Criminal History	
Treated on Scene? <input type="radio"/> YES <input checked="" type="radio"/> NO		Name:		Unit:		Phone #:	
Hospital Admission? <input type="checkbox"/> Rec'd Treatment At: Inland Valley Medical		Coroner Case #:		Mental History <input type="checkbox"/>		<small>User's guide provides direction on this entry</small>	
By: ER Physician		Address: 36485 Inland Valley Dr., Wildomar		Phone #: 951-677-1111			
Under Influence: <input checked="" type="radio"/> YES <input type="radio"/> NO		Substance: Marijuana		5150 a factor in force? <input type="radio"/> YES <input checked="" type="radio"/> NO		<small>User's guide provides direction on this entry</small>	
Date:	Time:	<input type="checkbox"/> Audiotape: <input type="checkbox"/> Videotape:		<input type="checkbox"/> Photos of Injuries:		<input type="checkbox"/> ADMITS HEARING ANNOUNCEMENTS	

Suspect Information

S

Last Name		First Name		Middle Name		Armed? Select	
AKA Last Name		First Name		Middle Name			
Sex: <input type="radio"/> Male <input type="radio"/> Female	Race:	Age:	Height:	D.O.B:	Weight:	Phone #1: <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C	Phone #2: <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C
Street Address:				City:		State & Zip Code:	
Booking #:		Primary Charge Code:		Secondary Charge Code:		<input type="checkbox"/> Criminal History	
Treated on Scene? <input type="radio"/> YES <input type="radio"/> NO		By:		Unit:		Phone #:	
Hospital Admission? <input type="checkbox"/> Rec'd Treatment At:		Coroner Case #:		Mental History <input type="checkbox"/>		<small>User's guide provides direction on this entry</small>	
By:		Address:		Phone #:			
Under Influence: <input type="radio"/> YES <input type="radio"/> NO		Substance:		5150 a factor in force? <input type="radio"/> YES <input type="radio"/> NO		<small>User's guide provides direction on this entry</small>	
Date:	Time:	<input type="checkbox"/> Audiotape: <input type="checkbox"/> Videotape:		<input type="checkbox"/> Photos of Injuries:		<input type="checkbox"/> ADMITS HEARING ANNOUNCEMENTS	

Suspect Information

S

Last Name		First Name		Middle Name		Armed? Select	
AKA Last Name		First Name		Middle Name			
Sex: <input type="radio"/> Male <input type="radio"/> Female	Race:	Age:	Height:	D.O.B:	Weight:	Phone #1: <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C	Phone #2: <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C
Street Address:				City:		State & Zip Code:	
Booking #:		Primary Charge Code:		Secondary Charge Code:		<input type="checkbox"/> Criminal History	
Treated on Scene? <input type="radio"/> YES <input type="radio"/> NO		By:		Unit:		Phone #:	
Hospital Admission? <input type="checkbox"/> Rec'd Treatment At:		Coroner Case #:		Mental History <input type="checkbox"/>		<small>User's guide provides direction on this entry</small>	
By:		Address:		Phone #:			
Under Influence: <input type="radio"/> YES <input type="radio"/> NO		Substance:		5150 a factor in force? <input type="radio"/> YES <input type="radio"/> NO		<small>User's guide provides direction on this entry</small>	
Date:	Time:	<input type="checkbox"/> Audiotape: <input type="checkbox"/> Videotape:		<input type="checkbox"/> Photos of Injuries:		<input type="checkbox"/> ADMITS HEARING ANNOUNCEMENTS	

$$\boxed{0} \boxed{1} \boxed{8} - \boxed{0} \boxed{0} \boxed{0} \boxed{1} \boxed{7} - \boxed{3} \boxed{1} \boxed{9} \boxed{9} - \boxed{0} \boxed{5} \boxed{7}$$

(AD) Abdomen	(FA) Face	(HI) Hip
(AK) Ankle	(FE) Feet	(IN) Internal
(AR) Arm	(FI) Fingers	(KN) Knees
(BK) Back	(GE) Genitals	(LE) Leg
(BT) Buttocks	(GR) Groin	(NK) Neck
(CH) Chest	(HD) Hands	(NO) Nose
(EL) Elbow	(HE) Head	(SH) Shoulder
		(WR) Wrist

SH-R-438P (Rev. 01/13)